Fill in this information to identify your case:	
Debtor 1 Ty-Alter Reynolds	
Debtor 2 (Spouse, if filing) Alexis Reynolds	
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLV	'ANIA
Case number 18-17773	Check if this is:
(If known)	An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

 Fill in your employment information. 		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional		□ Not employed	☐ Not employed
employers.	Occupation	SSD	self-employed
Include part-time, seasonal, or self-employed work.	Employer's name		Reynolds Delivery Service
Occupation may include student or homemaker, if it applies.	Employer's address		4662 Horocks Street Philadelphia, PA 19124
, ,	Employer's address How long employed to	nere? 4	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 0.00

Schedule I: Your Income Official Form 106I page 1

Debtor Debtor			Case number (if known)			18-17773			
			For Debtor 1		For Debtor 2 or non-filing spouse				
C	Copy line 4 here	4.	\$	0.00	\$		0.00	l	
5. L	_ist all payroll deductions:							•	
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	•	0.00		
	5b. Mandatory contributions for retirement plans	5a. 5b.	\$ -	0.00	\$		0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$-	0.00	\$		0.00	=	
	5d. Required repayments of retirement fund loans	5d.	\$-	0.00	\$		0.00		
	5e. Insurance	5a. 5e.	\$ -	0.00	\$		0.00		
	of. Domestic support obligations	5f.	\$	0.00	\$		0.00	-	
	Eg. Union dues	5g.	\$-	0.00	\$		0.00		
	5h. Other deductions. Specify:	5h.+	: —	0.00			0.00	-	
			· –						
	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. -	\$_	0.00	\$		0.00	=	
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$; 	0.00		
	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
	monthly net income.	8a.	\$_	0.00	\$	3,30	00.00	_	
8	Bb. Interest and dividends	8b.	\$	0.00	\$	i	0.00		
8	Rec. Family support payments that you, a non-filing spouse, or a depend regularly receive Include alimony, spousal support, child support, maintenance, divorce		¢	0.00	œ		0.00		
0	settlement, and property settlement. Bd. Unemployment compensation	8c. 8d.	\$_ \$	0.00	\$ \$		0.00	=	
	Be. Social Security	8e.	\$ \$	0.00	\$		0.00		
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ance	\$	0.00	\$		0.00		
8	Bg. Pension or retirement income	8g.	\$	0.00	\$;	0.00	-	
8	Bh. Other monthly income. Specify: SSD	8h.+	\$	1,200.00	+ \$;	0.00		
	daughter		\$_	600.00	\$;	0.00		
9. A	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,800.00	\$	3,3	300.00)	
	Calculate monthly income. Add line 7 + line 9.	10. \$		1,800.00 + \$		3,300.00 =	\$_	5,100.00	
P	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
lı O	State all other regular contributions to the expenses that you list in Scheon nelude contributions from an unmarried partner, members of your household, yother friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are specify:	your depend		•	-	in <i>Schedule</i> J	!. + \$	0.00	
V	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Capplies					it 12.	\$	5,100.00	
_	Oo you expect an increase or decrease within the year after you file this fo ■ No.	orm?					ombir nonthly	ned y income	
	Yes Explain:								